

Please type a plus sign (+) inside box ☐

UTILITY
PATENT APPLICATION
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

JAB-1425

First Named Inventor or Application Identifier

Bart De Corte et al

Express Mail Label No.

EL222587915US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (attached hereto in duplicate)
2. ☒ Specification [Total Pages 46]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 USC 113) [Total Sheets]
4. Oath or Declaration
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Unexecuted original
 - c. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional check boxes 5 and 16)
 - i. ☐ Deletion of Inventor(s)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation by Reference
(useable if Box 4c is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Other:

16. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
Amend the specification by inserting before the first line: -- This is a ☐ Continuation ☐ Divisional
☐ Continuation-in-Part (CIP) of prior application No.: , filed --
17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence Address below

Name: Audley A. Ciamporcero, Jr., Esq.
Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Mary A. Appollina at:
Telephone: (732) 524-3742 Fax: (732) 524-2808

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | |
|-----------|--------------------------|----------------|
| NAME | Mary A. Appollina | Reg. No. 34087 |
| SIGNATURE | <i>Mary A. Appollina</i> | |
| DATE | November 1, 1999 | |

| | | |
|------------------------|--------------------------|---------------------|
| FEE TRANSMITTAL | <i>Complete if Known</i> | |
| | Application Number | |
| | Filing Date | |
| | First Named Inventor | Bart De Corte et al |
| | Group Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | JAb-1425 |

FEE CALCULATION

CLAIMS AS FILED

| (1) | (2) | (3) | (4) | (5) |
|---------------------------|--------------------------|--------------|-------------------|-----------------------|
| FOR: | NUMBER FILED | NUMBER EXTRA | RATE | BASIC FEE \$760.00 |
| TOTAL CLAIMS | 15 - 20 = | 0 | x 18.00 | \$ 0.00 |
| INDEPENDENT CLAIMS | 2 - 3 = | 0 | x 78.00 | \$ 0.00 |
| MULTIPLE DEPENDENT CLAIMS | <input type="checkbox"/> | N/A | \$260.00 | |
| | | | TOTAL FEES | \$ 760.00 |

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/JAB-1425/MAA in the amount of \$760.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JAB-1425/MAA. Three copies of this sheet are enclosed.

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| SUBMITTED BY: | | <i>Complete (if applicable)</i> |
| Typed or Printed Name | Mary A. Appollina | Reg. No. 34,087 |
| Signature | <i>Mary A. Appollina</i> | Deposit Account No. 10-0750 |
| | Date: 11/1/99 | |

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Bart De Corte et al

For : HIV REPLICATION INHIBITING PYRIMIDINES

Express Mail Certificate

"Express Mail" mailing number: EL222587915US

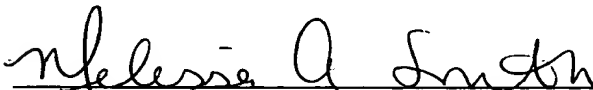
Date of Deposit: November 1, 1999

I hereby certify that this complete application, including specification pages, claims, and preliminary amendment is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Melissa A. Smith

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)